

Monthly Expenditure Report



Reporting Month: May 2022

Budget Fiscal Year: 2021-2022

NC Name: Bel Air-Beverly Crest
Neighborhood Council

| Monthly Cash Reconciliation | | | | | |
|-----------------------------|-------------|-------------------|-------------|-------------|---------------|
| Beginning Balance | Total Spent | Remaining Balance | Outstanding | Commitments | Net Available |
| \$19623.62 | \$4584.89 | \$15038.73 | \$862.73 | \$0.00 | \$14176.00 |

| Monthly Cash Flow Analysis | | | | | |
|---------------------------------------|----------------|------------------------|------------------------|-----------------------------------|---------------|
| Budget Category | Adopted Budget | Total Spent this Month | Unspent Budget Balance | Outstanding | Net Available |
| Office | \$36755.04 | \$2084.89 | \$10878.65 | \$712.73 | \$10015.92 |
| Outreach | | \$2500.00 | | \$150.00 | |
| Elections | | \$0.00 | | \$0.00 | |
| Community Improvement Project | \$1805.04 | \$0.00 | \$1805.04 | \$0.00 | \$1805.04 |
| Neighborhood Purpose Grants | \$2355.04 | \$0.00 | \$2355.04 | \$0.00 | \$2355.04 |
| Funding Requests Under Review: \$0.00 | | Encumbrances: \$0.00 | | Previous Expenditures: \$21291.50 | |

| Expenditures | | | | | | |
|--------------|---------------------------------------|------------|---|--------------------------------|--------------|----------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |
| 1 | GOOGLE GSUITE BABCNC.O | 05/02/2022 | Google 05-01-2022 Paid Receipt & Invoice.pdf | General Operations Expenditure | Office | \$246.60 |
| 2 | FRONTIER COMM CORP WEB | 05/09/2022 | Frontier Paid Receipt- Invoice 05-09-2022.pdf | General Operations Expenditure | Office | \$65.98 |
| 3 | GoToCom GoToConnect | 05/10/2022 | Go To Connect Paid Receipt/Invoice 05-10-2022.pdf | General Operations Expenditure | Office | \$81.33 |
| 4 | LLOYD STAFFING / LLOYD STAFFING, INC. | 04/25/2022 | Payment to Lloyd Staffing for Board Administrator Services for the period of 3/7/22 through 3/20/2022. Invoice Date: 3/27/2022 Invoice Number: 421484 in... | General Operations Expenditure | Office | \$642.85 |
| 5 | LLOYD STAFFING / LLOYD STAFFING, INC. | 04/25/2022 | Payment to Lloyd Staffing for Board Administrator Services for the period of 03/28/22-04/03/22. Invoice Date: 4/3/2022 Invoice Number: 421566 in the amo... | General Operations Expenditure | Office | \$391.30 |
| 6 | LLOYD STAFFING / LLOYD STAFFING, INC. | 04/25/2022 | Payment to Lloyd Staffing for Board Administrator Services for the period of 04/04/22-04/10/22. Invoice Date: 4/10/2022 Invoice Number: 421640 in the am... | General Operations Expenditure | Office | \$111.80 |



Invoice

Invoice number: 4117948978

Google LLC

1600 Amphitheatre Pkwy

Mountain View, CA 94043

United States

Federal Tax ID: 77-0493581

Bill to

Robert Ringler

Bel Air Beverly Crest Neighborhood Council

PO Box 252007

Los Angeles, CA 90025

United States

Details

Invoice number4117948978

Invoice dateApr 30, 2022

Billing ID7677-2853-5183

Domain namebabnc.org

Google Workspace

Total in USD **\$246.60**

Summary for Apr 1, 2022 - Apr 30, 2022

Subtotal in USD \$246.60

Tax (0%) \$0.00

Total in USD \$246.60

You will be automatically charged for any amount due.

| Subscription | Description | Interval | Quantity | Amount(\$) |
|-----------------|-------------|----------------|----------|-----------------|
| G Suite Basic | Usage | Apr 1 - Apr 3 | 42 | 25.20 |
| G Suite Basic | Usage | Apr 4 - Apr 30 | 41 | 221.40 |
| Subtotal in USD | | | | \$246.60 |
| Tax (0%) | | | | \$0.00 |
| Total in USD | | | | \$246.60 |

Need help understanding the charges on your invoice? [Click here for detailed explanations](https://support.google.com/a?p=gsuite-bills-and-charges)

<https://support.google.com/a?p=gsuite-bills-and-charges>



Payment Receipt

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States

| | |
|----------------|----------------------|
| Payment date | May 1, 2022 |
| Billing ID | 7677-2853-5183 |
| Payment method | Mastercard •••• 9270 |
| Payment number | M58245665981 |

Tax identification number
77-0493581

Bel Air Beverly Crest Neighborhood Council
Robert Ringler
PO Box 252007
Los Angeles, CA 90025
United States

| Description | |
|----------------|----------|
| Payment amount | \$246.60 |



CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

Account Summary

| | |
|--------------------------------|-----------------------|
| New Charges Due Date | 5/09/22 |
| Billing Date | 4/15/22 |
| Account Number | 310-231-7288-081418-5 |
| PIN | 8389 |
| Previous Balance | 65.98 |
| Payments Received Thru 4/08/22 | -65.98 |
| Thank you for your payment! | |
| Balance Forward | .00 |
| New Charges | 65.98 |
| Total Amount Due | \$65.98 |



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frontier.com/pay



800.801.6652



Auto Pay

frontier.com/SignUpForAutopay



11



P.O. Box 709, South Windsor, CT 06074-9998

----- manifest line -----



CITY OF LOS ANGELES
P O BOX 252007
LOS ANGELES, CA 90025

You are all set with Auto Pay! To review your account, go to frontier.com or MyFrontier mobile app.



CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3

4/15/22

310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 04/15/22 to 05/14/22

| Qty Description | 310/231-7288.0 | Charge |
|------------------------------|----------------|--------|
| Non Basic Charges | | |
| Internet 6 Dynamic IP | | 59.99 |
| Other Charges-Detailed Below | | 5.99 |
| Total Non Basic Charges | | 65.98 |

TOTAL 65.98**** ACCOUNT ACTIVITY ****

| Qty Description | Order Number Effective Dates | |
|------------------------------------|------------------------------|------|
| 1 Business High Speed Internet Fee | AUTOCH 4/15 | 5.99 |
| 310/231-7288 | Subtotal | 5.99 |

Subtotal 5.99**CUSTOMER TALK**

Future delivery of Frontier print directories may be reduced in certain areas. In those areas, directories are available at no charge in printed or digital versions. You can receive a printed copy of your local directory by calling 1-877-243-8339 or you can access a digital version at www.therealyellowpages.com. You can opt out of a printed directory by visiting www.yellowpagesoptout.com.





Catherine Palmer <council@babcnc.org>

Frontier Auto Pay Payment Confirmation

DoNotReplyFrontierBillPay@billmatrix.com
<DoNotReplyFrontierBillPay@billmatrix.com>
To: COUNCIL@babcnc.org

Mon, May 9, 2022 at 2:41
AM



Login



Dear Frontier Customer,

Your Auto Pay payment was successfully processed on 5/9/2022 for:

Frontier® Account Ending in: *4185

Payment Account Ending in: *9270

Confirmation Code: p225G4GT7N

Payment Amount: \$65.98

To review your Auto Pay settings, please [sign into](#) your account.

Thank you,

Your Frontier Team

Please review Payment [Terms and Conditions](#)

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(/)

(/)

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(https://frontier.com/offer/youtube-tv?icid=22apr25_national_myaccount_shoptv_banner)

Account Summary

Billing

| | |
|------------------------------------|----------|
| New Charges | \$65.98 |
| Balance Forward ▲ | \$0.00 |
| Previous Balance | \$65.98 |
| Payments Received Thru Apr 8, 2022 | -\$65.98 |


Current Balance

New Charges Due Date May 9, 2022

\$0.00

- ▶ View Current Bill
- ▶ View Payment History
- ▶ Manage Auto Pay

Feedback

 Chat



GoTo Communications, Inc.
PO BOX 412252
BOSTON, MA 02241-2252

INVOICE

Invoice Date 05/01/2022
Invoice # IN7101148597
PO #
Customer ID CN-631494-1701
Terms **AutoPay Scheduled**
Due Date 05/16/2022
Currency US Dollar

Bill To

BEL AIR BEVERLY CREST
NEIGHBORHOOD COUNCIL
PO BOX 252007
LOS ANGELES CA 90025

INVOICE Total: \$81.33

| Billing Group | Description | Quantity | Rate | Amount |
|---------------|---|----------|-------|---------|
| Primary | GoToConnect - Monthly Service Charge 05/01/2022 - 05/31/2022 | 2 | 22.21 | \$44.42 |
| Primary | GoToConnect - Partial Month Addition Service Charge 04/03/2022 - 04/30/2022 | 1 | 20.73 | \$20.73 |
| Primary | Standard Phone Numbers (DID) 05/01/2022 - 05/31/2022 | 1 | 4.55 | \$4.55 |
| Primary | State and Local Regulatory Recovery Fee | 1 | 5.94 | \$5.94 |
| Primary | Universal Service Fee (USF) | 1 | 1.89 | \$1.89 |
| Primary | Regulatory Recovery Fee | 1 | 3.8 | \$3.80 |

Total \$81.33

Your automatic payment is scheduled to be processed around the 10th of the month

View and Pay your invoices online: <https://my.jive.com/billing>
Billing Support: <https://support.goto.com/connect/billing-user-guide>

Please note that we are retiring the LogMeIn name and all future invoices, billing statements, or other correspondence will come from a GoTo branded entity. This change is for brand consistency and will have no impact on your contract details, core service functionality, Tax IDs, bank account numbers, or any other aspect of how you transact with us or any of our subsidiaries.

More information is available at <https://goto.com/GoToPressRelease2022> or by consulting our contracting entities table containing a complete list of updated entity names [here](#).

Please be aware that this billing page will be unavailable on May 14th 2022 from 01:15am EST until May 14th 2022 at 01:45am EST as we will be performing scheduled maintenance at this time.



BILLING

[Invoices](#)[Payment Options](#)[Billed Call Details](#)[Accounts](#) ▾

Invoice Details

Bel Air Beverly Crest Neighborhood Council - CN-631494-1701

[Download Invoice](#)


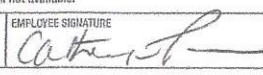
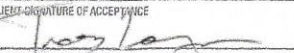
Invoice IN7101148597

Total Due **\$0.00**

Date Due **May 16, 2022** Status **Paid** Date Paid **May 10, 2022** Payment Method **MasterCard ** 9270 08/2023**

PAID

| Description | Qty | Rate | Total |
|---|-----|-----------|----------------|
| GoToConnect - Monthly Service Charge - 05/01/2022 - 05/31/2022 | 2 | \$22.21 | \$44.42 |
| GoToConnect - Partial Month Addition Service Charge - 04/03/2022 - 04/30/2022 | 1 | \$20.7293 | \$20.73 |
| Standard Phone Numbers (DID) - 05/01/2022 - 05/31/2022 | 1 | \$4.55 | \$4.55 |
| State and Local Regulatory Recovery Fee | 1 | \$5.94 | \$5.94 |
| Universal Service Fee (USF) | 1 | \$1.8904 | \$1.89 |
| Regulatory Recovery Fee | 1 | \$3.804 | \$3.80 |
| Total | | | \$81.33 |
| Payments & Credits | | | \$81.33 |
| Total Due | | | \$0.00 |

| | | | | | | | | | | | | | |
|--|---------|--|---|--|-------------|--|------------------|---------------------|--|-------------------|--|---------------------|--|
|  | | HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600 | | COMPANY NAME (Please print) BABCNC | | ADDRESS P.O. Box 252007 | | TOWN L.A. | | P.O. CA | | ZIP 90025 | |
| EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM. | | | | | | | | | | | | | |
| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH & /OR BREAK | TOTAL HOURS | REPORT TO | DEPT. | JOB TITLE | WEEK ENDING | | | | |
| MON | 3/7/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | Travis Longcore, Ph.D. | President | 3/13 | FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completion of an assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. | | | | |
| TUES | 3/8/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | |
| WED | 3/9/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | |
| THURS | 3/10/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | |
| FRI | 3/11/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | |
| SAT | 3/12/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | |
| SUN | 3/13/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | |
| WEEK ENDING 3/13 | | TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR | | | 15 | EMPLOYEE NAME Catherine Palmer | | | | | | | |
| | | PLEASE WRITE TOTAL HOURS WORKED HERE | | | | EMPLOYEE SIGNATURE  | | | | | | | |
| | | | | | | SOCIAL SECURITY NO. - - - - - | | | | | | | |
| | | | | | | CLIENT SIGNATURE OF ACCEPTANCE  | | | | | | | |
| | | | | | | PRINT NAME Travis Longcore | | | | | | | |
| INSTRUCTIONS: 1. Press firmly; use a ball point pen. 2. Use separate timesheet for each assignment. 3. Ideal ORIGINAL & XEROX copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will not be accepted. All hours must be totaled. IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day. | | | | | | | | | | | | | |
| IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day. Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work. | | | | | | | | | | | | | |

BACK

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| <p align="center">EMPLOYEE INFORMATION</p> <p>To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.</p> <p>OVERTIME You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.</p> <p>LUNCH Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.</p> <p>ABSENCES - LATENESS Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.</p> <p>ON-THE-JOB SAFETY Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.</p> <p>TRAINING You must complete the Training Orientation every time you go to a new assignment.</p> | <p align="center">TERMS & CONDITIONS FOR LLOYD STAFFING</p> <p>I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.</p> <p>LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.</p> <p>I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entreat LLOYD'S employees with unaltered premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage, (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employee-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.</p> <p>Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.</p> <p>Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.</p> <p align="right">LLOYD 10-2007</p> |
|--|---|

| | | | | | |
|---|---------|---|---|---|-------------|
| Lloyd STAFFING HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600 | | COMPANY NAME <u>BABCNC</u> (Please print) ADDRESS <u>PO BOX 252007</u> TOWN <u>LA CA</u> ZIP <u>90025</u> | | | |
| EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM. | | | | | |
| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH & /OR BREAK | TOTAL HOURS |
| MON | 3/14/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| TUES | 3/15/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| WED | 3/16/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| THURS | 3/17/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| FRI | 3/18/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| SAT | 3/19/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| SUN | 3/20/22 | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| WEEK ENDING <u>3/20</u> | | TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR | | PLEASE WRITE TOTAL HOURS WORKED HERE <u>8</u> | |
| INSTRUCTIONS: 1. Please firmly use a ball point pen. 2. Use separate timesheet for each assignment. 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night. 4. Leave CLIENT copy with client company, retain EMPLOYEE copy for yourself. 5. Unsigned timesheets will not be accepted. All hours must be totaled. Altered timesheets will not be accepted. All hours must be totaled. | | | IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 hours per employee, per day. | | |
| REPORT TO <u>Travis Longcore</u> DEPT. <u>P.H.D.</u> | | JOB TITLE <u>President</u> | | WEEK ENDING <u>3/20</u> | |
| FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review | | | | | |
| I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available. | | | | | |
| EMPLOYEE NAME <u>Catherine Palmer</u> | | EMPLOYEE SIGNATURE <u>Cat P.</u> | | | |
| SOCIAL SECURITY NO. <u> </u> | | PRINT NAME <u>Travis Longcore</u> | | | |
| CLIENT SIGNATURE OF ACCEPTANCE <u> </u> | | PRINT NAME <u>Travis Longcore</u> | | | |
| IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day. | | | | | |
| Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work. | | | | | |

BACK

| | |
|--|--|
| EMPLOYEE INFORMATION To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client. OVERTIME You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate. LUNCH Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch. ABSENCES - LATENESS Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client. ON-THE-JOB SAFETY Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd. TRAINING You must complete the Training Orientation every time you go to a new assignment. | TERMS & CONDITIONS FOR LLOYD STAFFING I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is related to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity. LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory. I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entitle LLOYD'S employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence. (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employee-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD. Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE. Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses. |
|--|--|

LLOYD 10-2007

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------------------------|-----|----|---------|--------|------------|---------|
| Irene Sandler | Bel Air Crest Master Assn. Rep. | X | | | | | |
| Mark Goodman, M.D. | Bel Air District Rep. | | | | | X | |
| Gail Sroloff | Bel Air Association Rep. | | | | X | | |
| Larry Leisten | Bel Air Glen District Rep. | X | | | | | |
| Robin Greenberg | Bel Air Hills Assn. Rep. | X | | | | | |
| Wendy Morris | Bel Air Hills Assn. Rep. | | | | | X | |
| Andre Stojka | Bel Air Ridge Assn. Rep. | X | | | | | |
| Robert Schlesinger | Benedict Cyn. Assn. Rep. | X | | | | | |
| Don Loze | Benedict Cyn. Assn. Rep. | X | | | | | |
| Nickie Miner | Benedict Cyn. Assn. Rep. | X | | | | | |
| Mindy Mann | Benedict Cyn. Assn. Rep. | X | | | | | |
| Dr. Robert Garfield, DDS | Casiano Estates Assn. Rep. | X | | | | | |
| Travis Longcore, Ph.D. | Custodian of Open Spaces Rep. | X | | | | | |
| Jackie DeFede | Faith-Based Organizations Rep. | | | | X | | |
| Maureen Smith | Franklin-Coldwater District Rep. | X | | | | | |
| Teresa Lee | K-6 Private Schools Rep. | X | | | | | |
| Jon Wimbish | 7-12 Private Schools Rep. | | | | X | | |
| Kristie Holmes | Public Ed. Institutions Rep. | | | | | X | |
| Jason Spradlin | Holmby Hills Assn. Rep. | X | | | | | |
| Jamie Hall | Laurel Cyn. Assn. Rep. | | | | X | | |
| Stephanie Savage | Laurel Cyn. Assn. Rep. | | | | X | | |
| Cathy Wayne | Laurel Cyn. Assn. Rep. | X | | | | | |
| Heather Roy | Laurel Cyn. Assn. Rep. | X | | | | | |
| Chuck Maginnis | At Large Rep. | X | | | | | |
| Maureen Levinson | At Large Rep. | X | | | | | |
| Shawn Bayliss | At Large Rep. | X | | | | | |
| Philip Enderwood | At Large: Youth Seat Rep. | | X | | | | |
| Jacqueline Le Kennedy | Commercial/Office District Rep. | X | | | | | |
| Board Quorum: 15 | Total: | 23 | 1 | | 6 | 3 | |

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021



INVOICE

M

Please remit payment to:

Lloyd Staffing, Inc.

PO Box 780994

Philadelphia, PA 19178-0994

Questions: AR@LLoydStaffing.com

Pay by ACH/wire to:

Wells Fargo Bank, N.A.

Routing #: 121000248

Account #: 4060542594

BILL TO:

Attention of: Vadim Levotman & Travis Longcore

Bel Air Beverly Crest Nc

Po Box 252007

Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

| DATE | INVOICE NO. | PAGE | ACCOUNT NO. | TERMS: | | | | |
|-------------------|-------------|------|-------------|------------------------------|--|-------|-------|----------|
| 04/03/2022 | 421566 | 1 | 116863 | Due Upon Receipt | | | | |
| PERIOD | | | | DESCRIPTION & EMPLOYEE | | HOURS | RATE | AMOUNT |
| 03/28/22-04/03/22 | | | | TRANSCRIPT Palmer, Catherine | | 14.00 | 27.95 | \$391.30 |
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Employee Timesheet Submission

| | |
|------------------------|----------------------|
| Employee Name | Palmer, Catherine |
| Employee Number | 160437 |
| Assignment Number | 260583 |
| Period Ending Date | 4/3/2022 12:00:00 AM |
| Customer Name | Bel-air Beverly NC |
| Department | |
| Report To | Travis Longcore |
| Timesheet Approved By: | tlongcore@babcnc.org |
| Timesheet Approved On: | 4/1/2022 2:08:46 PM |

| Date | Regular | Overtime | Doubletime | Holiday | Vacation | Expenses | Approval |
|------------|---------|----------|------------|---------|----------|----------|----------|
| 03/28/2022 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 03/29/2022 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 03/30/2022 | 6.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 03/31/2022 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/01/2022 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| | | | | | | | |
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| Totals | 14.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

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| Employee Comments | |
| Client Comments | |

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------------------------|-----|----|---------|--------|------------|---------|
| Irene Sandler | Bel Air Crest Master Assn. Rep. | X | | | | | |
| Mark Goodman, M.D. | Bel Air District Rep. | | | | | X | |
| Gail Sroloff | Bel Air Association Rep. | | | | X | | |
| Larry Leisten | Bel Air Glen District Rep. | X | | | | | |
| Robin Greenberg | Bel Air Hills Assn. Rep. | X | | | | | |
| Wendy Morris | Bel Air Hills Assn. Rep. | | | | | X | |
| Andre Stojka | Bel Air Ridge Assn. Rep. | X | | | | | |
| Robert Schlesinger | Benedict Cyn. Assn. Rep. | X | | | | | |
| Don Loze | Benedict Cyn. Assn. Rep. | X | | | | | |
| Nickie Miner | Benedict Cyn. Assn. Rep. | X | | | | | |
| Mindy Mann | Benedict Cyn. Assn. Rep. | X | | | | | |
| Dr. Robert Garfield, DDS | Casiano Estates Assn. Rep. | X | | | | | |
| Travis Longcore, Ph.D. | Custodian of Open Spaces Rep. | X | | | | | |
| Jackie DeFede | Faith-Based Organizations Rep. | | | | X | | |
| Maureen Smith | Franklin-Coldwater District Rep. | X | | | | | |
| Teresa Lee | K-6 Private Schools Rep. | X | | | | | |
| Jon Wimbish | 7-12 Private Schools Rep. | | | | X | | |
| Kristie Holmes | Public Ed. Institutions Rep. | | | | | X | |
| Jason Spradlin | Holmby Hills Assn. Rep. | X | | | | | |
| Jamie Hall | Laurel Cyn. Assn. Rep. | | | | X | | |
| Stephanie Savage | Laurel Cyn. Assn. Rep. | | | | X | | |
| Cathy Wayne | Laurel Cyn. Assn. Rep. | X | | | | | |
| Heather Roy | Laurel Cyn. Assn. Rep. | X | | | | | |
| Chuck Maginnis | At Large Rep. | X | | | | | |
| Maureen Levinson | At Large Rep. | X | | | | | |
| Shawn Bayliss | At Large Rep. | X | | | | | |
| Philip Enderwood | At Large: Youth Seat Rep. | | X | | | | |
| Jacqueline Le Kennedy | Commercial/Office District Rep. | X | | | | | |
| Board Quorum: 15 | Total: | 23 | 1 | | 6 | 3 | |

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021

Page 2 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

☐ Board Member Reimbursement

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Total:

Date: 07/02/2021



INVOICE

M

Please remit payment to:
Lloyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
Questions: AR@LLoydStaffing.com

Pay by ACH/wire to:
Wells Fargo Bank, N.A.
Routing #: 121000248
Account #: 4060542594

BILL TO: Attention of: Vadim Levotman & Travis Longcore
Bel Air Beverly Crest Nc
Po Box 252007
Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing PO#

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|--|-------------|------------------------------|-------------|-------------------|-------|----------|
| DATE | INVOICE NO. | PAGE | ACCOUNT NO. | TERMS: | | |
| 04/10/2022 | 421640 | 1 | 116863 | Due Upon Receipt | | |
| PERIOD | | DESCRIPTION & EMPLOYEE | | HOURS | RATE | AMOUNT |
| 04/04/22-04/10/22 | | TRANSCRIPT Palmer, Catherine | | 4.00 | 27.95 | \$111.80 |
| A 3% surcharge will be applied to any payments processed using a credit card. Thank you. | | | | PAY THIS AMOUNT > | | TOTAL |
| | | | | | | \$111.80 |

Employee Timesheet Submission

| | |
|------------------------|-----------------------|
| Employee Name | Palmer, Catherine |
| Employee Number | 160437 |
| Assignment Number | 260583 |
| Period Ending Date | 4/10/2022 12:00:00 AM |
| Customer Name | Bel-air Beverly NC |
| Department | |
| Report To | Travis Longcore |
| Timesheet Approved By: | tlongcore@babcnc.org |
| Timesheet Approved On: | 4/11/2022 12:06:00 AM |

| Date | Regular | Overtime | Doubletime | Holiday | Vacation | Expenses | Approval |
|------------|---------|----------|------------|---------|----------|----------|----------|
| 04/07/2022 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/10/2022 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
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| Totals | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

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| Employee Comments | |
| Client Comments | |

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------------------------|-----|----|---------|--------|------------|---------|
| Irene Sandler | Bel Air Crest Master Assn. Rep. | X | | | | | |
| Mark Goodman, M.D. | Bel Air District Rep. | | | | | X | |
| Gail Sroloff | Bel Air Association Rep. | | | | X | | |
| Larry Leisten | Bel Air Glen District Rep. | X | | | | | |
| Robin Greenberg | Bel Air Hills Assn. Rep. | X | | | | | |
| Wendy Morris | Bel Air Hills Assn. Rep. | | | | | X | |
| Andre Stojka | Bel Air Ridge Assn. Rep. | X | | | | | |
| Robert Schlesinger | Benedict Cyn. Assn. Rep. | X | | | | | |
| Don Loze | Benedict Cyn. Assn. Rep. | X | | | | | |
| Nickie Miner | Benedict Cyn. Assn. Rep. | X | | | | | |
| Mindy Mann | Benedict Cyn. Assn. Rep. | X | | | | | |
| Dr. Robert Garfield, DDS | Casiano Estates Assn. Rep. | X | | | | | |
| Travis Longcore, Ph.D. | Custodian of Open Spaces Rep. | X | | | | | |
| Jackie DeFede | Faith-Based Organizations Rep. | | | | X | | |
| Maureen Smith | Franklin-Coldwater District Rep. | X | | | | | |
| Teresa Lee | K-6 Private Schools Rep. | X | | | | | |
| Jon Wimbish | 7-12 Private Schools Rep. | | | | X | | |
| Kristie Holmes | Public Ed. Institutions Rep. | | | | | X | |
| Jason Spradlin | Holmby Hills Assn. Rep. | X | | | | | |
| Jamie Hall | Laurel Cyn. Assn. Rep. | | | | X | | |
| Stephanie Savage | Laurel Cyn. Assn. Rep. | | | | X | | |
| Cathy Wayne | Laurel Cyn. Assn. Rep. | X | | | | | |
| Heather Roy | Laurel Cyn. Assn. Rep. | X | | | | | |
| Chuck Maginnis | At Large Rep. | X | | | | | |
| Maureen Levinson | At Large Rep. | X | | | | | |
| Shawn Bayliss | At Large Rep. | X | | | | | |
| Philip Enderwood | At Large: Youth Seat Rep. | | X | | | | |
| Jacqueline Le Kennedy | Commercial/Office District Rep. | X | | | | | |
| Board Quorum: 15 | Total: | 23 | 1 | | 6 | 3 | |

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021



INVOICE

M

Please remit payment to:
Lloyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
Questions: AR@LLoydStaffing.com

Pay by ACH/wire to:
Wells Fargo Bank, N.A.
Routing #: 121000248
Account #: 4060542594

BILL TO: Attention of: Vadim Levotman & Travis Longcore
Bel Air Beverly Crest Nc
Po Box 252007
Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing PO#

| | | | | | | |
|--|-------------|------------------------------|-------------|-------------------|-------|----------|
| DATE | INVOICE NO. | PAGE | ACCOUNT NO. | TERMS: | | |
| 04/17/2022 | 421725 | 1 | 116863 | Due Upon Receipt | | |
| PERIOD | | DESCRIPTION & EMPLOYEE | | HOURS | RATE | AMOUNT |
| 04/11/22-04/17/22 | | TRANSCRIPT Palmer, Catherine | | 6.00 | 27.95 | \$167.70 |
| A 3% surcharge will be applied to any payments processed using a credit card. Thank you. | | | | PAY THIS AMOUNT > | | TOTAL |
| | | | | | | \$167.70 |

Employee Timesheet Submission

| | |
|------------------------|-----------------------|
| Employee Name | Palmer, Catherine |
| Employee Number | 160437 |
| Assignment Number | 260583 |
| Period Ending Date | 4/17/2022 12:00:00 AM |
| Customer Name | Bel-air Beverly NC |
| Department | |
| Report To | Travis Longcore |
| Timesheet Approved By: | tlongcore@babcnc.org |
| Timesheet Approved On: | 4/18/2022 1:22:10 AM |

| Date | Regular | Overtime | Doubletime | Holiday | Vacation | Expenses | Approval |
|------------|---------|----------|------------|---------|----------|----------|----------|
| 04/12/2022 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/13/2022 | 2.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/15/2022 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/16/2022 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
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| | | | | | | | |
| Totals | 6.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

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|-------------------|--|
| Employee Comments | |
| Client Comments | |

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------------------------|-----|----|---------|--------|------------|---------|
| Irene Sandler | Bel Air Crest Master Assn. Rep. | X | | | | | |
| Mark Goodman, M.D. | Bel Air District Rep. | | | | | X | |
| Gail Sroloff | Bel Air Association Rep. | | | | X | | |
| Larry Leisten | Bel Air Glen District Rep. | X | | | | | |
| Robin Greenberg | Bel Air Hills Assn. Rep. | X | | | | | |
| Wendy Morris | Bel Air Hills Assn. Rep. | | | | | X | |
| Andre Stojka | Bel Air Ridge Assn. Rep. | X | | | | | |
| Robert Schlesinger | Benedict Cyn. Assn. Rep. | X | | | | | |
| Don Loze | Benedict Cyn. Assn. Rep. | X | | | | | |
| Nickie Miner | Benedict Cyn. Assn. Rep. | X | | | | | |
| Mindy Mann | Benedict Cyn. Assn. Rep. | X | | | | | |
| Dr. Robert Garfield, DDS | Casiano Estates Assn. Rep. | X | | | | | |
| Travis Longcore, Ph.D. | Custodian of Open Spaces Rep. | X | | | | | |
| Jackie DeFede | Faith-Based Organizations Rep. | | | | X | | |
| Maureen Smith | Franklin-Coldwater District Rep. | X | | | | | |
| Teresa Lee | K-6 Private Schools Rep. | X | | | | | |
| Jon Wimbish | 7-12 Private Schools Rep. | | | | X | | |
| Kristie Holmes | Public Ed. Institutions Rep. | | | | | X | |
| Jason Spradlin | Holmby Hills Assn. Rep. | X | | | | | |
| Jamie Hall | Laurel Cyn. Assn. Rep. | | | | X | | |
| Stephanie Savage | Laurel Cyn. Assn. Rep. | | | | X | | |
| Cathy Wayne | Laurel Cyn. Assn. Rep. | X | | | | | |
| Heather Roy | Laurel Cyn. Assn. Rep. | X | | | | | |
| Chuck Maginnis | At Large Rep. | X | | | | | |
| Maureen Levinson | At Large Rep. | X | | | | | |
| Shawn Bayliss | At Large Rep. | X | | | | | |
| Philip Enderwood | At Large: Youth Seat Rep. | | X | | | | |
| Jacqueline Le Kennedy | Commercial/Office District Rep. | X | | | | | |
| Board Quorum: 15 | Total: | 23 | 1 | | 6 | 3 | |

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 02/23/2022

Budget Fiscal Year: 2021-2022

Agenda Item No: 15

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: To approve The Webcorner's upgrade of the existing BABCNC website with a setup cost of \$2,500 and a monthly maintenance fee of \$199 (Attachment D)

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|--|-----|----|---------|--------|------------|---------|
| Asher Barondes | At Large Youth | | | | | X | |
| Shawn Bayliss | Commercial or Office Enterprise | X | | | | | |
| Ellen Evans | Community Interest At Large | X | | | | | |
| Robert Garfield, DDS | Casiano Estates | X | | | | | |
| Mark Goodman, MD | Bel Air District | X | | | | | |
| Robin Greenberg | Bel Air Hills Assn. | X | | | | | |
| Jamie Hall | Laurel Canyon Assn. | X | | | | | |
| Kristie Holmes | Laurel Canyon Assn. | X | | | | | |
| David Scott Kadin | Benedict Cyn. Assn. | X | | | | | |
| Jacqueline Le Kennedy | Faith-Based Institutions | | | | X | | |
| Vadim Levotman | Doheny-Sunset Plaza Neighborhood Assn. | X | | | | | |
| Travis Longcore, Ph.D. | Custodian of Open Space | X | | | | | |
| Donald Loze | Benedict Canyon Assn. | X | | | | | |
| Mindy Rothstein Mann | At-Large Traditional Stakeholder | X | | | | | |
| Bradford Cobb | North of Sunset District | X | | | | | |
| Nickie Miner | Benedict Canyon Assn. | X | | | | | |
| Wendy Morris | Bel Air Hills Assn. | X | | | | | |
| Patricia Murphy | North of Sunset District | | | | X | | |
| Dan Palmer | Residents of Beverly Glen | X | | | | | |
| Steven Prothro | Private 5-6 Schools | X | | | | | |
| Robert Ringler | Residents of Beverly Glen | | | | X | | |
| Bobby Kwan | Laurel Canyon Assn. | X | | | | | |
| Irene Sandler | Bel Air Crest Master Assn. | X | | | | | |
| Stephanie Savage | Laurel Canyon Assn. | X | | | | | |
| Robert Schlesinger | Benedict Canyon Assn. | X | | | | | |
| Jason Spradlin | Holmby Hills HOA | | | | X | | |
| Gail Sroloff | At Large Traditional Stakeholder | X | | | | | |
| Timothy Steele | Bel Air Glen District | X | | | | | |
| Board Quorum: 15 | Total: | 28 | 0 | 0 | 4 | 1 | 0 |

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name: Vadim Levotman, Treasurer

Print/Type Name: Robert A. Ringler, Second Signatory

Date: 3/07/2022

Date: 03-02-2022



INVOICE

M

Please remit payment to:

Lloyd Staffing, Inc.

PO Box 780994

Philadelphia, PA 19178-0994

Questions: AR@LLoydStaffing.com

Pay by ACH/wire to:

Wells Fargo Bank, N.A.

Routing #: 121000248

Account #: 4060542594

BILL TO: Attention of: Vadim Levotman & Travis Longcore
Bel Air Beverly Crest Nc
Po Box 252007
Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

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|--|-------------|------------------------------|-------------|-------------------|-------|----------|
| DATE | INVOICE NO. | PAGE | ACCOUNT NO. | TERMS: | | |
| 04/24/2022 | 421797 | 1 | 116863 | Due Upon Receipt | | |
| PERIOD | | DESCRIPTION & EMPLOYEE | | HOURS | RATE | AMOUNT |
| 04/18/22-04/24/22 | | TRANSCRIPT Palmer, Catherine | | 6.00 | 27.95 | \$167.70 |
| A 3% surcharge will be applied to any payments processed using a credit card. Thank you. | | | | PAY THIS AMOUNT > | | TOTAL |
| | | | | | | \$167.70 |

Employee Timesheet Submission

| | |
|------------------------|-----------------------|
| Employee Name | Palmer, Catherine |
| Employee Number | 160437 |
| Assignment Number | 260583 |
| Period Ending Date | 4/24/2022 12:00:00 AM |
| Customer Name | Bel-air Beverly NC |
| Department | |
| Report To | Travis Longcore |
| Timesheet Approved By: | tlongcore@babcnc.org |
| Timesheet Approved On: | 4/25/2022 3:05:49 PM |

| Date | Regular | Overtime | Doubletime | Holiday | Vacation | Expenses | Approval |
|------------|---------|----------|------------|---------|----------|----------|----------|
| 04/19/2022 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/20/2022 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/22/2022 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/23/2022 | 1.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
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| Totals | 6.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

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| Employee Comments | |
| Client Comments | |

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 06/30/2021

Budget Fiscal Year: 2021-2022

Agenda Item No: 11.b.

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|----------------------------------|-----|----|---------|--------|------------|---------|
| Irene Sandler | Bel Air Crest Master Assn. Rep. | X | | | | | |
| Mark Goodman, M.D. | Bel Air District Rep. | | | | | X | |
| Gail Sroloff | Bel Air Association Rep. | | | | X | | |
| Larry Leisten | Bel Air Glen District Rep. | X | | | | | |
| Robin Greenberg | Bel Air Hills Assn. Rep. | X | | | | | |
| Wendy Morris | Bel Air Hills Assn. Rep. | | | | | X | |
| Andre Stojka | Bel Air Ridge Assn. Rep. | X | | | | | |
| Robert Schlesinger | Benedict Cyn. Assn. Rep. | X | | | | | |
| Don Loze | Benedict Cyn. Assn. Rep. | X | | | | | |
| Nickie Miner | Benedict Cyn. Assn. Rep. | X | | | | | |
| Mindy Mann | Benedict Cyn. Assn. Rep. | X | | | | | |
| Dr. Robert Garfield, DDS | Casiano Estates Assn. Rep. | X | | | | | |
| Travis Longcore, Ph.D. | Custodian of Open Spaces Rep. | X | | | | | |
| Jackie DeFede | Faith-Based Organizations Rep. | | | | X | | |
| Maureen Smith | Franklin-Coldwater District Rep. | X | | | | | |
| Teresa Lee | K-6 Private Schools Rep. | X | | | | | |
| Jon Wimbish | 7-12 Private Schools Rep. | | | | X | | |
| Kristie Holmes | Public Ed. Institutions Rep. | | | | | X | |
| Jason Spradlin | Holmby Hills Assn. Rep. | X | | | | | |
| Jamie Hall | Laurel Cyn. Assn. Rep. | | | | X | | |
| Stephanie Savage | Laurel Cyn. Assn. Rep. | | | | X | | |
| Cathy Wayne | Laurel Cyn. Assn. Rep. | X | | | | | |
| Heather Roy | Laurel Cyn. Assn. Rep. | X | | | | | |
| Chuck Maginnis | At Large Rep. | X | | | | | |
| Maureen Levinson | At Large Rep. | X | | | | | |
| Shawn Bayliss | At Large Rep. | X | | | | | |
| Philip Enderwood | At Large: Youth Seat Rep. | | X | | | | |
| Jacqueline Le Kennedy | Commercial/Office District Rep. | X | | | | | |
| Board Quorum: 15 | Total: | 23 | 1 | | 6 | 3 | |

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021



INVOICE

M

Please remit payment to:

Lloyd Staffing, Inc.

PO Box 780994

Philadelphia, PA 19178-0994

Questions: AR@LLoydStaffing.com

Pay by ACH/wire to:

Wells Fargo Bank, N.A.

Routing #: 121000248

Account #: 4060542594

BILL TO:

Attention of: Vadim Levotman & Travis Longcore

Bel Air Beverly Crest Nc

Po Box 252007

Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

| DATE | INVOICE NO. | PAGE | ACCOUNT NO. | TERMS: | | |
|-------------------|-------------|------|-------------|------------------------|-------------------|----------|
| 05/01/2022 | 421864 | 1 | 116863 | Due Upon Receipt | | |
| PERIOD | | | | DESCRIPTION & EMPLOYEE | | |
| | | | | HOURS | RATE | AMOUNT |
| 04/25/22-05/01/22 | | | | TRANSCRIPT | Palmer, Catherine | |
| | | | | 7.50 | 27.95 | \$209.63 |
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Employee Timesheet Submission

| | |
|------------------------|----------------------|
| Employee Name | Palmer, Catherine |
| Employee Number | 160437 |
| Assignment Number | 260583 |
| Period Ending Date | 5/1/2022 12:00:00 AM |
| Customer Name | Bel-air Beverly NC |
| Department | |
| Report To | Travis Longcore |
| Timesheet Approved By: | tlongcore@babcnc.org |
| Timesheet Approved On: | 5/1/2022 9:08:47 PM |

| Date | Regular | Overtime | Doubletime | Holiday | Vacation | Expenses | Approval |
|------------|---------|----------|------------|---------|----------|----------|----------|
| 04/25/2022 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/26/2022 | 2.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 04/27/2022 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| 05/01/2022 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | APPROVED |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Totals | 7.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

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|-------------------|--|
| Employee Comments | |
| Client Comments | |

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Bel Air-Beverly Crest NC

Meeting Date: 04/27/2022

Budget Fiscal Year: 2021-2022

Agenda Item No: 12

Board Motion and/or Public Benefit Statement (CIP and NPG):

Page 1 of 2: To approve the Amended Budget which includes rollover funds (Attachment C)

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

| Board Member's First and Last Name | Board Position | Yes | No | Abstain | Absent | Ineligible | Recused |
|------------------------------------|--|-----|----|---------|--------|------------|---------|
| Asher Barondes | At Large Youth | | | | X | | |
| Shawn Bayliss | Commercial or Office Enterprise | X | | | | | |
| Ellen Evans | Community Interest At Large | X | | | | | |
| Robert Garfield, DDS | Casiano Estates | X | | | | | |
| Mark Goodman, MD | Bel Air District | | | | X | | |
| Robin Greenberg | Bel Air Hills Assn. | X | | | | | |
| Jamie Hall | Laurel Canyon Assn. | | | | X | | |
| Kristie Holmes | Laurel Canyon Assn. | X | | | | | |
| David Scott Kadin | Benedict Cyn. Assn. | X | | | | | |
| Jacqueline Le Kennedy | Faith-Based Institutions | | | | X | | |
| Vadim Levotman | Doheny-Sunset Plaza Neighborhood Assn. | X | | | | | |
| Travis Longcore, Ph.D. | Custodian of Open Space | X | | | | | |
| Donald Loze | Benedict Canyon Assn. | X | | | | | |
| Mindy Rothstein Mann | At-Large Traditional Stakeholder | X | | | | | |
| Bradford Cobb | North of Sunset District | X | | | | | |
| Nickie Miner | Benedict Canyon Assn. | X | | | | | |
| Wendy Morris | Bel Air Hills Assn. | | | | X | | |
| Patricia Murphy | North of Sunset District | | | | X | | |
| Dan Palmer | Residents of Beverly Glen | X | | | | | |
| Steven Prothro | Private 5-6 Schools | | | | X | | |
| Robert Ringler | Residents of Beverly Glen | | | | X | | |
| Bobby Kwan | Laurel Canyon Assn. | | | | X | | |
| Irene Sandler | Bel Air Crest Master Assn. | | | | X | | |
| Stephanie Savage | Laurel Canyon Assn. | X | | | | | |
| Robert Schlesinger | Benedict Canyon Assn. | | | | X | | |
| Jason Spradlin | Holmby Hills HOA | | | | X | | |
| Gail Sroloff | At Large Traditional Stakeholder | X | | | | | |
| Timothy Steele | Bel Air Glen District | X | | | | | |
| Board Quorum: 15 | Total: | 18 | 0 | 0 | 15 | 0 | 0 |

We, the authorized signers of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Authorized Signature

Authorized Signature:

Robert A. Ringler

Print/Type Name: Vadim Levotman, Treasurer

Print/Type Name: Robert A. Ringler, Second Signatory

Date: 5/3/2022

Date: 04/28/2022

